

# Parent Consent and Release form

## Parental Consent and Release Instruction:

1. Please read entire form, if there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
2. Fill in all the blanks.
3. If you have more than one child participating, please complete one form per child.

I, \_\_\_\_\_ am the parent or guardian of  
(parent / guardian)  
of, \_\_\_\_\_ a minor, who desires to participate in the  
(child's name)  
following Southeastern Yearly Meeting Youth Program:

- Yearly Business Meeting Gathering (YBM-Gathering):
  - Wee Friends (Preschool-K),
  - Young Friends (1-6),
  - Junior Friends (6-9),
  - Teen Friends (10-12)
- Fall Interim Business Meeting (FIBM)
- Half Yearly Meeting (HYM)
- Winter Interim Business Meeting (WIBM)
- Other \_\_\_\_\_

### Please check that you have read and understand that the following may occur at a YBM-Gathering:

- As a parent or guardian, my child and I are required to attend an **Orientation Session**. Should we miss it, it is **my responsibility** to meet with my youth's Designated SEYM Youth Workers to learn what I need to know.
- As a parent or guardian, I understand that I am responsible for my child during morning Worship Sharing. Note: youth are welcome to participate in Worship Sharing.
- As a parent or guardian, my child and I understand that my child is **under the care of Designated SEYM Youth Workers** during the planned morning youth program. Quaker organization representatives/guests and volunteers may lead activities. *Traditional Quaker YMs 'Junior Yearly Meeting session' provides an introduction to Quaker process and epistle writing.* Each group presents an interactive epistle during the Sunday morning plenary session.
- As a parent or guardian, I understand that **each afternoon during the intergenerational activities, my child is under my care** OR that I may arrange to share youth-care with another parent so that we each will have free time to attend the various workshops or interest groups.
- As a parent or guardian, I understand that for a published evening program my child will be **under the care of Designated SEYM Youth Workers or under the care of Friendly Adult Presences (child care/chaperones)**.
- As a parent or guardian, I understand that I am responsible for my child's behavior and whereabouts at any time she or he is not under the care of Designated SEYM Youth Workers or under the care of Friendly Adult Presences (chaperones).

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described SEYM Youth Program activities. In consideration of the permission granted to my child to participate in the above described activity with SEYM Registered Youth Workers, I release and hold harmless Southeastern Yearly Meeting of the Religious Society of Friends, its agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

Parent/Guardian (signature) \_\_\_\_\_

I have signed this form on (Date): \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

# Parental Consent and Release Medical Authorization

SOUTHEASTERN YEARLY MEETING

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Parent(s)/guardian names: \_\_\_\_\_

Allergies:

Medications:

Family doctor: \_\_\_\_\_

Doctor's phone: \_\_\_\_\_

Sponsor's name if not attending with parent: \_\_\_\_\_

Check all that apply:

- Allergic to: (food, drugs, insects)
- Chronic medical problems:

Current Medications: \_\_\_\_\_

- Does your child have an EpiPen?
- Other medication?
- To be given in the event of an allergic reaction only.

I give permission for my child, \_\_\_\_\_, to receive appropriate medical care at Southeastern Yearly Meeting events and at hospital. I understand that I will be contacted as soon as possible shall such care be necessary.

\_\_\_\_\_  
Parent's name printed

\_\_\_\_\_  
Parent's signature Date

Parent's contact phone: (m) \_\_\_\_\_  
(h) or (w) \_\_\_\_\_

Other contact: (w) \_\_\_\_\_ (m) \_\_\_\_\_

Insurance# if available: \_\_\_\_\_

## Parent Permission for special SEYM event/field trip

### Parental Consent and Release

I, \_\_\_\_\_ am the parent or guardian of  
 (parent / guardian)  
 of, \_\_\_\_\_ a minor, who desires to  
 (student)  
 participate in the following SEYM Youth Program field trip or activity:

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described SEYM Youth Program activity. In consideration of the permission granted to my child to participate in the above described activity by SEYM Registered Youth Workers, I release and hold harmless Southeastern Yearly Meeting of the Religious Society of Friends, its agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

I have signed this form on \_\_\_\_\_  
 (Date)

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

### Instruction:

1. Please read entire form, if there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
  2. Fill in all the blanks.
  3. If you have more than one child participating, please complete one form per child.
- \*If your student has an EpiPen you must list a responsible adult (staff member) listed on your consent to administer form that will be on the field trip or another parent volunteer you have instructed in EpiPen use that will be responsible for your child.

### Field Trip Form Parental Consent and Release Medical Authorization

(To be filled out if student will/may need epipen medication while on a field trip.)

I, \_\_\_\_\_, as the parent or guardian of  
 \_\_\_\_\_, authorize  
 (student) \*

\_\_\_\_\_

(responsible adult)

to assume care and responsibility of my child while on the following SEYM Youth Program sponsored activity.

\_\_\_\_\_

(date)

**Parent Permission for special SEYM event/field trip, continued**

In the event that medication is needed, i.e., EpiPen, inhaler, or other prescription medications, the above-mentioned responsible adult has my permission to dispense medication as directed.

Signature \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

Signature (Adult Assuming Responsibility) \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Parent can be reached at the following phone number (M) \_\_\_\_\_

Other contact: (W) \_\_\_\_\_ (C) \_\_\_\_\_

Student's Doctor Phone # \_\_\_\_\_

Insurance and # \_\_\_\_\_

Check all that apply:

- Allergic to: (food, drugs, insects)
- Chronic medical problems:

Current Medications: \_\_\_\_\_

- Does your child have an EpiPen?
- My child has a Doctors order to self administer EpiPen?

The parent must accompany the youth on a field trip if the youth needs to receive the following medication while on the field trip:

Name of medication \_\_\_\_\_

Time to be given \_\_\_\_\_

- To be given in the event of an allergic reaction only.

Name of medication \_\_\_\_\_

Time to be given \_\_\_\_\_

- To be given in the event of an allergic reaction only.

You have my permission to assist / supervise my child in taking the medications listed above. I understand that a SEYM Youth Worker or other responsible adult designated by me, the parent, may carry my child's medication. In case of medical emergency, in the event I cannot be reached, I authorize SEYM, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_